

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Rocklyn

46-47 Esplanade, Whitley Bay, NE26 2AR

Tel: 01912529036

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control

✓ Met this standard

Safety, availability and suitability of equipment

✓ Met this standard

Records

✓ Met this standard

Details about this location

Registered Provider	Lifestyles Care & Support Limited
Registered Manager	Mrs. Julie Ann Henry
Overview of the service	Rocklyn provides accommodation, personal care and support for up to 11 adults with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Rocklyn had taken action to meet the following essential standards:

- Cleanliness and infection control
- Safety, availability and suitability of equipment
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people and two support workers about the care and support provided by the service.

We were unable to speak to some of the people who used the service because of the nature of their condition.

We spoke with two people who used the service who were both complimentary about the standards of cleanliness at the home. One of the people we spoke with told us, "The bathrooms and toilets are clean. They are cleaned every day, including weekends." The other person we spoke with commented, "The staff do most of the cleaning, but we all help out. It's always clean and tidy here."

We saw the home was clean and we noted there were effective systems in place to reduce the risk and spread of infection. Records confirmed that staff received regular infection control and food safety training.

We found that people, staff and visitors were protected from unsafe or unsuitable equipment because the provider had ensured that all electrical equipment in the home, which required a PAT test and certificate, had been tested and certificated.

We saw that people's personal records, staff records and other records relevant to the management of the home were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We last visited this service on 2 May 2013. We told the provider that they were not meeting this essential standard. We said, "People were not protected from the risk of infection because appropriate guidance had not been followed." At our last inspection we were concerned that personal protective equipment and specialist bags for handling soiled laundry were not always available. Additionally, a wash hand basin was in need of refurbishment and was not adequately maintained, toilet brushes and holders needed replacing and no cleanliness and infection control audits were in place.

In response to our concerns, the provider wrote to us and told us what actions they had taken to improve.

During this inspection, we found improvement had been made and there were now effective systems in place to reduce the risk and spread of infection. We saw that the wash hand basin and sink pedestal had been removed and replaced with a bespoke wash hand basin designed to prevent similar future deterioration. We noted that the room had been fully refurbished.

We saw all toilets in the building contained new toilet brushes and holders and noted that foot pedal operated clinical waste bins were now present in the two communal bathrooms. This meant that people and staff did not now have to lift the bin lid manually to deposit or remove clinical waste and this helped reduce the risk of cross infection.

We spoke with two people who used the service and both were complimentary about support workers' standards of cleanliness. One of the people we spoke with told us, "The staff clean here every day and I help them as well. The kitchen and dining areas are always clean, it's always clean and tidy here." The other person commented, "I clean my bedroom on my own, but I help the staff clean the rest of the home. The toilets and bathrooms are always clean."

We saw the provider had detailed policies in place in relation to infection control, food

safety and hygiene and Control of Substances Hazardous to Health (COSHH). These provided staff with specific advice and guidance regarding infection issues, cleaning products and potentially hazardous substances that could be encountered when providing care. We saw that cleaning products and potentially hazardous substances and materials were stored in a locked and secure cupboard.

The registered manager told us that she was the identified lead for infection prevention and control at the service. This meant that the service had an identified person to take responsibility for infection prevention and control. The registered manager told us, and records confirmed that there were cleaning schedules in place for the daily cleaning of specific areas of the home. The registered manager also told us that she conducted a weekly audit and checks on the cleanliness at the home.

We saw that staff wore and had access to a large stock of personal protective equipment (PPE), such as gloves and disposable aprons. We also noted that dissolvable strip red coloured laundry bags were readily available, so that soiled clothing and bed linen did not have to be handled. This helped to make sure that people and staff were protected against the risk of acquiring an infection. One person told us, "We get red coloured bags for our laundry to put it in the washer." One support worker told us, "There's always plenty PPE readily available and we re-order it through our manager when we need more. She orders it on the computer."

We were told by staff, and records confirmed there was regular training with regard to infection control and food safety and hygiene. One support worker told us, "Infection control and food hygiene training is mandatory, they are refreshed annually."

We found that all communal areas of the buildings, including the toilets and bathrooms, kitchens, dining areas and lounges were clean, tidy and well maintained. Antibacterial hand wash was available in the communal bathrooms and toilets and no odours were evident throughout the buildings. We also noted that the kitchen had colour coded chopping boards which were used for preparing food and preventing cross-contamination between different food groups, which could potentially cause food poisoning.

Staff we spoke with all understood the importance of infection prevention and control and could clearly describe their own roles and responsibilities within this area.

The provider may find it useful to note that we saw that two different colour coded mops and buckets were being used for cleaning in different areas of the home. The colours being used were not the nationally agreed colour coding system to ensure cleaning equipment was only used in designated areas and reduce the possibility of cross contamination between areas. For example, red coloured cleaning equipment for sanitary areas, green for kitchen areas and blue for general cleaning. We discussed this with the registered manager who informed us that the correct equipment would be ordered immediately and staff training would be arranged to implement the change in practice.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

At our last inspection on 2 May 2013, we told the provider that they were not meeting this essential standard. We said, "People were not protected from unsafe or unsuitable equipment." During our last inspection we found that portable electrical appliances at the home were not subject of current Portable Appliance Testing (PAT) and servicing had lapsed.

In response to our concerns, the provider wrote to us and told us what actions they had taken to improve.

During this inspection, we found that all electrical equipment in the home, which required a PAT test and certificate, had been tested by an external electrical contractor, and had a current certificate. This meant that people were protected from unsafe or unsuitable equipment.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We last visited this service on 2 May 2013. We told the provider that they were not meeting this essential standard. We said, "People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained." At our last inspection we were concerned that people's care records were not accessible and could not be easily located.

In response to our concerns, the provider wrote to us and told us what actions they had taken to improve.

During this inspection, we found improvement had been made and people's care records were accessible and could be easily located. We also found people's personal records and staff records were accurate and fit for purpose.

We looked at four care records of people who used the service. We found that the care plans contained detailed information and an assessment of needs undertaken by the organisation. This meant that staff had precise instructions to follow.

The registered manager told us, and we saw that people's care records were reviewed monthly. The registered manager told us that if there were significant changes, then care records would be updated more frequently. People's daily records had been completed every day and were up to date. Care plans contained details and contact numbers for people's next of kin, their likes and dislikes, the person's GP and other professionals involved in people's care and support.

We looked at four staff records. We found that these were complete and up to date. Records contained information about people's recruitment, confirmation of their identity and copies of training and qualifications. For example, we saw certificates to confirm that people had undertaken training in relation to moving and handling, emergency first aid and fire safety.

Records were kept securely and could be located promptly when needed. Care records and staff records were stored appropriately in lockable filing cabinets in the provider's main

administrative office. Information stored on computerised systems at the service was restricted and password protected to prevent unauthorised access. The provider had policies and clear procedures in place for staff in relation to confidentiality, accessing records and record keeping. The provider told us that records were only kept for the length of time required and then destroyed securely.

The registered manager showed us documents relating to the operation and management of the service. These included essential maintenance records, accident and incident reports, firefighting equipment, emergency lighting and electrical safety checks. The records were current and showed all equipment had been maintained and serviced at the appropriate times.

We noted that the provider had a nominated data controller who was currently registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes or handles personal information about individuals to protect that information and to register with the ICO, unless they are exempt.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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